

## CHANGE OF BENEFIT USE YEAR

- The contract Purchaser should complete this form to request a change to the student beneficiary's benefit use year for the existing contract.
- Complete all sections of this form and include signature or processing will be delayed.

### Change of Benefit Use Year Information

|                           |       |
|---------------------------|-------|
| GET Contract Number       | _____ |
| Current Benefit Use Year  | _____ |
| New Benefit Use Year      | _____ |
| Reason for Change Request | _____ |

**Note:** \* Custom Monthly plans must be paid in full and Lump Sum units must be held in the account for two years prior to usage.

| Current Contract Information       | Purchaser           | Student |
|------------------------------------|---------------------|---------|
| Name (First, Middle, Last, Suffix) | _____               | _____   |
| SSN or TIN                         | _____               | _____   |
| Birth Date                         | _____               | _____   |
| Street Address/Apartment Number    | _____               | _____   |
| Post Office Box Number             | _____               | _____   |
| City / State / Zip Code            | _____               | _____   |
| Email Address                      | _____               | _____   |
| Telephone Number (s)               | _____               | _____   |
|                                    | Home Work Home Work |         |

### Signature - REQUIRED

*Only the contract Purchaser may authorize changes to the existing contract.*

*I certify under penalty of perjury that I am the legal contract Purchaser and I authorize these requested changes to the Guaranteed Education Tuition Program contract indicated above.*

|                       |      |
|-----------------------|------|
| Purchaser's Signature | Date |
|-----------------------|------|